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FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001690 (4)**

1. Corporation Name

**LINCOLN CREW BOOSTERS, INC.**

Principal Place of Business

Mailing Address

**4365 DAVID COURT  
TALLAHASSEE FL 32308**

**4365 DAVID COURT  
TALLAHASSEE FL 32308-6473**

3. Date Incorporated or Qualified  
**03/28/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

**59-3369684**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLEMKEWICZ, JOHN E  
4365 DAVID COURT  
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*John Slemkewicz*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SLEMKEWICZ, LYNN S</b>	
STREET ADDRESS	<b>4365 DAVID COURT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARKE, L. RAOUL</b>	
STREET ADDRESS	<b>8067 TENNYSON DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, KEITH E</b>	
STREET ADDRESS	<b>1940 CHARLAIS STREET</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CLARKE, L. RAOUL</b>
2.3 STREET ADDRESS	<b>8067 TENNYSON DRIVE</b>
2.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL. 32308</b>

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HUGHES, KEITH E.</b>
3.3 STREET ADDRESS	<b>1940 CHARLAIS STREET</b>
3.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL. 32311</b>

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John Slemkewicz*

**John Slemkewicz**

**04/10/97**

**(904) 413-6420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0007868

CR2E037 (9/96)

**NONPROFIT CORPORATION ANNUAL REPORT - 1997**  
**DOCUMENT # N96000001690 (4)**  
**LINCOLN CREW BOOSTERS, INC.**

**ADDITIONS TO OFFICERS AND DIRECTORS**

TITLE	V/D
NAME	WILLIAM BROWN
STREET ADDRESS	3162 SHAMROCK EAST
CITY - ST - ZIP	TALLAHASSEE, FL. 32308

TITLE	T/D
NAME	JOHN SLEMKEWICZ
STREET ADDRESS	4365 DAVID COURT
CITY - ST - ZIP	TALLAHASSEE, FL. 32308

TITLE	D
NAME	ROBERT CRIM
STREET ADDRESS	4073 MCLAUGHLIN DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL. 32308

TITLE	D
NAME	VICKI CURETON
STREET ADDRESS	13015 MIDDLEFIELD ROAD
CITY - ST - ZIP	TALLAHASSEE, FL. 32308

TITLE	D
NAME	RHONWYN GEIGER
STREET ADDRESS	3441 WELWYN WAY
CITY - ST - ZIP	TALLAHASSEE, FL. 32308

TITLE	D
NAME	GAIL KNIGHT
STREET ADDRESS	3244 STORRINGTON DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL. 32308

TITLE	D
NAME	BETT MACIA
STREET ADDRESS	3632 BEDFORD WAY
CITY - ST - ZIP	TALLAHASSEE, FL. 32308

TITLE	D
NAME	MISSY SHAMIS
STREET ADDRESS	3340 FOLEY DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL. 32308

TITLE	D
NAME	DIANE WOOD
STREET ADDRESS	1122 IDLEWILD DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL. 32301